URBAN DISTRICT OF COLNE VALLEY

ANNUAL REPORT

OF THE

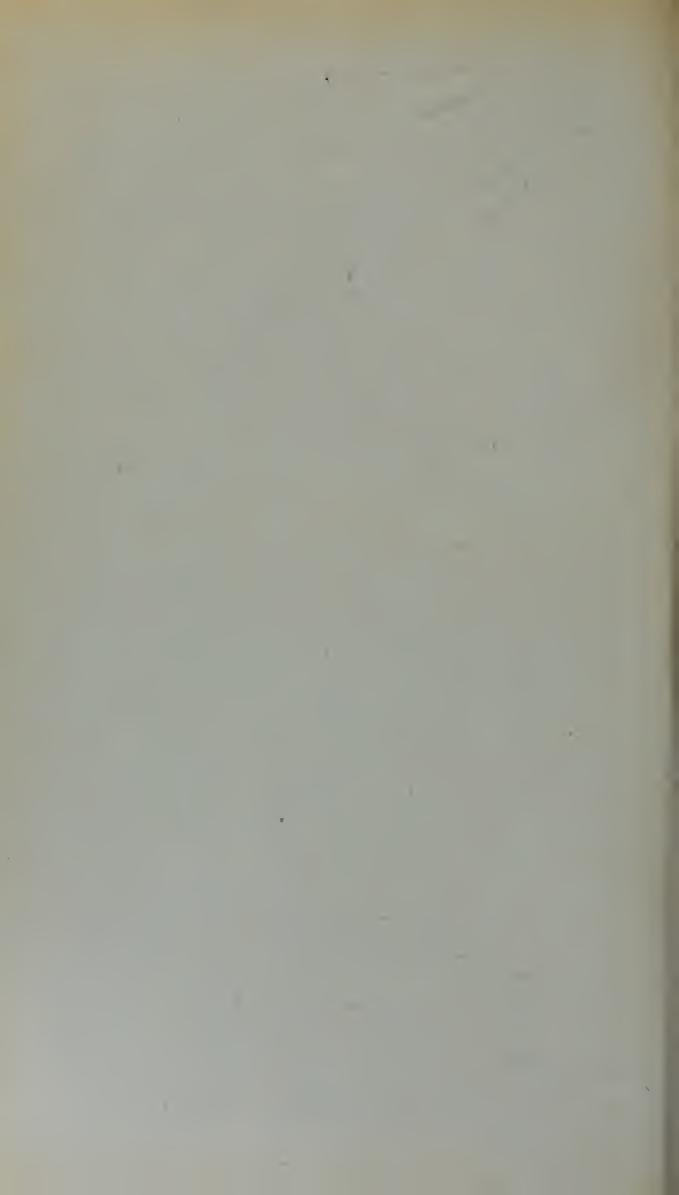
Medical Officer of Health For the Year 1948.

BY

ERIC WARD

M.R.C.S., L.R.C.P., D.P.H.

SLAITHWAITE:
A. T. GREEN and CO., CARR LANE.
1950.



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Colne Valley Urban District

LIST OF COUNCILLORS

for the year 1948.

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Vice-Chairman:

G. WIMPENNY, Esq., J.J.

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PUBLIC HEALTH OFFICERS OF THE COUNCIL

Medical Officer of Health:

ERIC WARD, M.R.C.S., L.R.C.P., D.P.H.

Chief Sanitary Inspector and Cleansing Superintendent:

A. SCHOFIELD, M.S.I.A.

Assistant Sanitary Inspectors:

H. A. LETT, M.S.I.A., A.R.S.I.

D. SUTCLIFFE, M.S.I.A., A.R.S.I.

Rodent Operator:

L. ELLIS.

Clerk:

W. POGSON.

Divisional Health Office, Woodville,

Scar Lane,

GOLCAR, Nr. Huddersfield November, 1949.

To the Chairman and Members of the Colne Valley Urban District Council.

Mr. Chairman, Lady and Gentlemen.

I have the honour to present to you my first Annual Report on the health of the Colne Valley Urban District and the work of the Public Health Department during the year 1948. The report is the 11th in the series since the formation of the enlarged Urban Districts in

1938.

The County Council Scheme of Divisional Health Administration commenced on the 1st January, 1948. Under this scheme all the preventive medical services in the area are administered together by one Medical Officer acting as Divisional Medical Officer for County Council work, and as Medical Officer of Health for is placed Valley within Colne the Division. authorities in Division No. 20 which also includes the Urban Districts of Denby Dale, Holmfirth, Kirkburton and Meltham. During the year the Divisional organisation has gradually been built up and at the end of the year was reasonably complete.

The various particulars of the Vital Statistics relating to the District show that the health of the community has been well maintained, although there was a marked fall in the Birth Rate. A mild type of Scarlet Fever was prevalent during the last quarter of the year and there was an increase in the incidence of Whooping Cough during the

first half of the year.

Improvement in the organisation of the Department under the direction of the Chief Sanitary Inspector has continued, but it has become increasingly obvious that if the duties of the Local Authority under the Public Health, Food and Drugs and other Acts are to be efficiently carried out, an increase in the staff of the Sanitary Inspectors is required. In the past the Sanitary Inspector was generally considered to be an Officer who was called in when things went wrong or when nuisances existed. It is now being recognised by the more progressive authorities that this conception of a Sanitary Inspector's duties is wrong, and that his work should be directed mainly to the prevention of disease and the furtherance of good health. In order to carry out such a policy regular routine visits should be paid to a variety of premises, and in particular to food preparing premises, in order to see that the requirements of the various regulations are being complied with and to give advice on matters of hygiene. The same principles should apply with house inspections which should be carried out at intervals, irrespective of whether or not complaints have been received. ent staff of Inspectors is insufficient to carry out these tasks and the appointment of an additional Inspector is strongly recommended.

The last section of the Report consists of a summary of the Health Services provided by the West Riding County Council. Although not directly responsible for this aspect of preventive medicine it is felt that the Members of the Local Authority would like to have particulars of the work done by Officers of the County Council in this Division.

In conclusion. I wish to tender my thanks to the Chairman and Members of the Council for the encouragement I have received from them since my appointment, and to record my appreciation for the help and co-operation given to me by the Clerk and other Officials of the Council. In particular I would mention the efficient and loyal service given me by your Chief Sanitary Inspector, Mr. A. Schofield, whose efforts to improve the conditions in the District are untiring.

I am,

Your obedient servant, ERIC WARD Medical Officer of Health.

SUMMARY OF STATISTICS

1. General Statistics

Registrar-General's Estimate of Population (middle of 1947) Registrar-General's Estimate of Population (middle of 1948) Number of Inhabited Houses (March, 1949)	6,052
Rateable Value (31st March, 1949) £123 Sum represented by a Penny Rate (March, 1949)	2,180 7,684 3,245 £478
2. Extracts from Vital Statistics	
T to the contract of the contr	otal 356 15
Total 193 178 3	371
Rate per 1,000 of estimated resident population: 16.73.	
Still Births: Male Female To	otal
Legitimate 4 2	6
Illegitimate	I
Total 4 3	7
Rate per 1,000 of total (live and still) births: 18.52. Deaths: Males 162, Females 154	316
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age:	14.24 Nil otal 8
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes	Nil Otal 8
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes	Nil Otal 8 I
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate 6 2 Illegitimate 7 2 Death Rate of Infants under 1 year of age: All Infants per 1,000 live births 2 Legitimate Infants per 1,000 legitimate live births 2	Nil Otal 8 I
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes	14.24 Nil otal 8 1 9
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate	14.24 Nil otal 8 1 9 24.26 22.47 66.67
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Temple Female Temple Female Temple Female Temple Female Femal	14.24 Nil otal 8 1 9 24.26 22.47 56.67
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate 6 2 Illegitimate 7 2 Total 7 2 Death Rate of Infants under 1 year of age: All Infants per 1,000 live births 2 Legitimate Infants per 1,000 elgitimate live births 2 Illegitimate Infants per 1,000 illegitimate live births 6 Death Rate per 1,000 population from: Pulmonary Tuberculosis 6 All forms of Tuberculosis 6 Respiratory Diseases (excluding Pulmonary Tuberculosis)	14.24 Nil otal 8 1 9 24.26 22.47 66.67
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate 6 2 Illegitimate 7 2 Death Rate of Infants under 1 year of age: All Infants per 1,000 live births 2 Legitimate Infants per 1,000 egitimate live births 6 Death Rate per 1,000 population from: Pulmonary Tuberculosis 6 Respiratory Diseases (excluding Pulmonary Tuberculosis) 6 Cancer 7 Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles,	14.24 Nil Otal 8 1 9 24.26 22.47 56.67 0.36 0.41 0.99 2.75
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate 6 2 Illegitimate 7 Total 7 2 Death Rate of Infants under 1 year of age: All Infants per 1,000 live births 2 Legitimate Infants per 1,000 elgitimate live births 2 Illegitimate Infants per 1,000 illegitimate live births 6 Death Rate per 1,000 population from: Pulmonary Tuberculosis 6 All forms of Tuberculosis 7 Respiratory Diseases (excluding Pulmonary Tuberculosis) 7 Cancer 7 Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles, Scarlet Fever, Whooping Cough, and Diphtheria)	14.24 Nil otal 8 1 9 24.26 22.47 66.67 0.36 0.41 0.99 2.75
Crude Death Rate Per 1,000 of estimated resident population Deaths from Puerperal Causes Number of deaths of Infants under one year of age: Male Female Legitimate 6 2 Illegitimate 7 2 Death Rate of Infants under 1 year of age: All Infants per 1,000 live births 2 Legitimate Infants per 1,000 egitimate live births 6 Death Rate per 1,000 population from: Pulmonary Tuberculosis 6 Respiratory Diseases (excluding Pulmonary Tuberculosis) 6 Cancer 7 Principal Zymotic Diseases (Smallpox, Enteric Fever, Measles,	14.24 Nil Otal 8 1 9 24.26 22.47 56.67 0.36 0.41 0.99 2.75

STATISTICS AND SOCIAL CONDITIONS OF THE AREA NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT

The District is varied in character. Industrial communities occupy the valley whilst small hamlets and scattered farms are found on the uplands which lie on each side and at the head of the valley.

The principal industry of the District is the manufacture of textiles. Quarrying and agriculture also provide employment for a fair number of persons.

VITAL STATISTICS.

Population

The Registrar-General's estimate of the population at mid-1948 was 22,180 as compared with 21, 880 at mid-1947. This increase is due partly to an excess of births over deaths of 55, but mainly to an influx of population from other areas.

Births.

After adjustment for inward and outward transferable births, a net total of 371 live births (193 male, 178 female) was registered in the District during the year, a decrease of 116 compared with the previous year.

The BIRTH RATE is 16.73 per 1,000 of the population as compared with 22.26 for the previous year, 17.9 for England and Wales, 18.5 for the West Riding Administrative County and 18.3 for the Aggregate West Riding Urban Districts.

The illegitimate live births numbered 15 or 4.04% of the total live births, a decrease of 7 or 0.50% as compared with the previous

year.

Stillbirths.

After adjustment for transfers, 7 stillbirths were registered during the year as compared with 14 for the previous year. This figure gives a rate of 18.52 per 1,000 live and stillbirths, and 0.31 per 1,000 of the population as compared with 27.94 and 0.64 respectively for 1947.

Deaths.

After correction for inward and outward transferable deaths, the net total deaths registered in and assigned to the District was 316 (162 male, 154 female), a decrease of 21 compared with the total for the year 1947.

The DEATH RATE is 14.24 per 1,000 of the population as compared with 15.40 for the previous year.

The following were the principal causes of death in order of frequency:—

(i) (ii)	Diseases of the Heart and Circulatory System		104
(iii)	Cancer		ΟI
(:)	Intra-cranial Vascular Lesions		38
(IV)	Respiratory Diseases (excluding Pulmonary		
	Luberculosis		22
(V)	Nephritis Tuberculosis (all forms)		TT
(vi)	Tuberculosis (all forms)	• • •	
(vii)	Violence		9
7	P1		9

These 7 causes accounted for 80.38% of the total deaths. Particulars of the various causes of death and the sex distribution are given in the following table:—

C	auses of Death	Sex	All	0-	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
All	Causes	M	162	8	1	1	2	5	2 4	5 4	14	35 25		
1.	Typhoid/Paratyphoid	F M	154		•••	••••	••••	• • • •	4	1 	4	25		63
2.	Fevers Ccrebro—Spinal Fever	F M		••••	••••									
	C - 1 4 T	FM		••••	••••	• • • • •		••••						
		F			• • • • •	••••	• • • •	****					****	
4.	Whooping Cough	M F	l 	••••	1		• • • •		••••			****		
5.	Diphtheria	M F												••••
6.	Tuberculosis, respiratory	M F	6 2	••••		1		1	$\frac{1}{2}$	1	2			
7.	system Other forms of	M	1				••••			••••		1	• • • •	
8.	tuberculosis Syphilitic Disease	F M	1							• • • •		1		
9.	Influenza	F M												
		F M	• • • •											
	Measles	F				••••	• • •	• • •			••••		••••	••••
11.	Acute poliomyelitis and polioencephalitis	M F					••••							
12.	Acute Infectious Encephalitis	M F	2							1	1			
13.	Cancer of Buccal Cavity	M	2			••••				••••			2	••••
	& Ocsophagus (M) Cancer of Uterus (F)	F	3				}			• • • •	1		2	
14.	Cancer of Stomach and Duodenum	M F	$\begin{bmatrix} 7 \\ 5 \end{bmatrix}$								$\begin{bmatrix} 2 \\ 1 \end{bmatrix}$	1	$\frac{3}{2}$	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$
	Cancer of Breast Cancer of all other sites	\mathbf{F} \mathbf{M}	9 17	• • • • •				1		2	4	$\begin{array}{c c} 3 \\ 6 \end{array}$	3	3
		F	18									6	5	7
	Diabetis	M F	2	• • • •			••••			• • • • • • • • • • • • • • • • • • • •		1	1	
18.	Intra-Cranial Vas. Lesions	M F	$\frac{17}{21}$					•••			1	$\begin{bmatrix} 3 \\ 2 \end{bmatrix}$	$\begin{bmatrix} 5 \\ 9 \end{bmatrix}$	9
19.	Heart Disease	M F	46 50		• • •				2		4	$\begin{vmatrix} 12 \\ 6 \end{vmatrix}$	8	22 24
20.	Other diseases of the	M F	5 3		• • • • •					• • • •	••••		4	1 2
21.	Circulatory System Bronchitis	M	13	••••						••••	2	4	5	2
22.	Pneumonia	F M	$\begin{array}{c c}4\\1\end{array}$	1							••••	• • • •	3	1
23	Other Respiratory	F M	2	1	• • • • •			•		• • • •			1 1	
	Diseases	F	1					• • •		1				1
	Ulcer of Stomach and Duodenum	M F			• • • •	••••	• • • •				****			
25.	Diarrhoea (under 2)	M F					•••	••	•••	• • • •	••••			
26.	Appendicitis	M F						• • •			• • • • •			
27.	Other digestive diseases	M F	1				1						2	 1
28.	Nephritis	M	6	•••				1			••••	2 2	1	2
	Puerperal Sepsis	F	5 							1	••••	2	1	
30.	Other maternal causes Premature Birth	F M	4	4								•••		
		F	1 2	1					****	1				
	Congenital Malformations Birth injury: Inf Dis.	F					• • • •					2		2
33.	Suicide	M F	5			••••			•••	1			1	
34.	Road Traffic Accidents	M F								1				
35.	Other Violent Causes	MF	2				1						1	i
36.	All other Causes	M	23	2				2	1	1		3	3	11
		F	21			****						. 3	0	10

Maternal Deaths and Mortality.

There were no deaths from Puerperal Sepsis or other maternal causes.

Infant Mortality.

After correction for transferable deaths, there were 9 deaths (7 male, 2 female) of infants under 1 year of age.

The INFANT MORTALITY RATE is 24.26 per 1,000 live births as compared with 55.44 for the previous year.

The death rate amongst legitimate infants per 1,000 legitimate live births is 22.47 as compared with 51.61 for the year 1947.

One illegitimate child died under 1 year of age, giving a death rate amongst illegitimate infants per 1,000 illegitimate live births of 66.67 as compared with 136.36 for the previous year.

Comparative Statistics

BIRTH RATE	Colne Valley Urban District	Aggregate West Riding Urban Districts	West Riding Admin. County	England and Wales (provisional figures)
Per 1,000 estimated population	16.73	18.3	18.5	17.9
DEATH RATES All per 1,000 estimated population				
All Causes Zymotic Diseases (seven	14.24	11.8	11.3	10.8
principal) Tuberculosis of Respiratory	0.05	0.12	0.12	•
System	0.36	0.37	0.37	0.44
Other forms of Tuberculosis		0.07	0.07	0.07
Respiratory Diseases (excluding Tuberculosis of respiratory system)	0.99	1.34	1.29	*
Canada	2.75	1.83	1.74	1.86
Heart and Circulatory Diseases	4.60	3.98	3.73	*
INFANT MORTALITY .	24.26	38	39	34
DIARRHOEA Deaths of infants under 2 years of age per 1,000 live births	Nil	4.17	4.38	3.3
MATERNAL MORTALITY Puerperal Sepsis Other Causes Total	Nil Nil Nil	0.09 1.02 1.11	0.10 1.05 1.15	0.24 0.78 1.02

^{*} Figures not available.

Section II.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Staff

In addition to the Medical Officer of Health who is a part time officer, the staff consists of a Chief Sanitary Inspector who is also the Cleansing Superintendent, 2 District Sanitary Inspectors and a clerical staff of 2.

Laboratory Facilities.

All the bacteriological laboratory work required to be undertaken by the Health Department and by General Practitioners is carried out at the Wakefield Public Health Laboratory of the Medical Research Council, whilst samples of water for chemical examination are sent to the laboratories of Messrs. Richardson & Jeffe, Public Analysts, Bradford.

Ambulance Facilities

(a) Cases of Infectious Diseases.

The ambulance of the Isolation Hospital to which the patient is admitted is used for the removal of the patient.

(b) Cases of sickness and accident.

An Ambulance Service is operated by the West Riding County Council, the Colne Valley Urban District being in Ambulance Area No. 16. The principal depot for the area is situated at Huddersfield.

Professional Nursing in the Home.

General: Home nursing is undertaken by the Home Nurses who were employed by the following Local District Nursing Associations until the 5th July, 1948, when they were transferred to the staff of the West Riding County Council:—

- Golcar I Nurse
 Linthwaite and Slaithwaite ... I Nurse
- 3. Marsden I Nurse

Midwifery: There are 2 whole-time midwives employed by the West Riding County Council who are stationed at Golcar and Slaithwaite. In addition, the Home Nurses transferred from the Golcar and Marsden Nursing Associations are practising midwives.

Further details of the nursing services provided in the area will be found in Section VII of this Report.

Treatment Centres, Clinics and Hospitals

Infant Welfare Centres

Held weekly on Wednesday at Golcar and Slaithwaite, and on Thursday at Linthwaite and Marsden.

Ante-Natal Clinics.

Held monthly at Linthwaite and twice monthly at Golcar, Marsden and Slaithwaite, as follows:—

Linthwaite: 1st Thursday in the month.

Golcar: 2nd and 4th Monday in the month.

Marsden: 1st and 3rd Monday in the month.

Slaithwaite: 2nd and 4th Wednesday in the month.

School Clinics

Held weekly on Wednesday at Golcar and Slaithwaite, and on Thursday at Linthwaite and Marsden.

All these clinics are held in the following premises:—

Linthwaite: Grove House, Linthwaite.Golcar: Woodville, Scar Lane, Golcar.Marsden: Conservative Club, Marsden.

Slaithwaite: Central Hall, New Street, Slaithwaite.

Tuberculosis Dispensary

Held on Tuesday afternoon and Friday afternoon at I, Peel Street, Huddersfield.

Venereal Diseases Clinics

Held at York Place, New North Road, Huddersfield, on Monday, Fuesday, Wednesday, Thursday and Friday.

Held at Clayton Hospital, Wakefield, on Monday, Tuesday, Wednesday and Friday.

Held at the General Infirmary, Dewsbury, on Monday, Thursday and Friday.

Hospitals.

(a) Infectious Diseases:

Until the 5th July, 1948, cases of infectious diseases, other than smallpox, were treated at the Colne and Holme Joint Isolation Hospital, Meltham. Under the National Health Service Act, Colne Valley is placed in the Leeds Regional Hospital Area, and cases of infectious diseases are now admitted to the Mill Hill Isolation Hospital, Huddersfield.

Accommodation for cases of Smallpox is provided by the Regional Board at Cottingham Smallpox Hospital, Cottingham, East Yorkshire.

(b) General Hospitals:

Huddersfield Royal Infirmary.
Staincliffe General Hospital, Dewsbury.
St. Mary's Hospital, Deanhouse, Holmfirth.

(c) Maternity: Arrangements are made for the admission of patients to the Princess Royal Maternity Home, Huddersfield, and to various general hospitals.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply

The Huddersfield Corporation are the Statutory Water Undertakers for the Colne Valley area with the exception of Scammonden, a widely scattered hamlet of approximately 115 houses to the North of the District.

The water mains of the Statutory body do not yet cover the whole of the area, and water is supplied to properties from other sources. In Marsden water is supplied to 209 houses by firms having works in that area, and by the Council to one of its housing estates comprising 144 houses. In Slaithwaite 913 properties are supplied with water by the Dartmouth Estate. In Linthwaite a firm of manufacturers supply water to some 50 houses, and in this instance are desirous of transferring a number of these houses on to the Statutory Undertakers supply, and negotiations are proceeding with this end in view.

In addition to these main private supplies there are in the area innumerable small private supplies serving groups of from 20 houses down to single dwellings.

Percentages of various supplies	are	as	follows	:
Huddersfield Corporation				. 60.4
Earl Dartmouth				. 11.9
Other Private Supplies				. 27.7

A total of 20 samples of water has been taken during the year, 6 being for bacteriological examination, 6 for chemical examination and 8 for plumbo-solvency examination. All these samples were reported to be satisfactory.

Drainage and Sewerage.

Large parts of the district, particularly in the outer areas, are unsewered, and in these parts the conservancy system of drainage is very limited. During the year two small sewage disposal plants, one for a private house, and one for a mill have been provided, whilst another for a hotel is in course of erection. The Council's Consulting Engineers are preparing a scheme for the resewering of the area, and the disposal of sewage, and it is hoped that when the scheme is carried out many parts of the district now unsewered, will be connected to the sewerage system.

During the year 19 inspections of sewers were made, and 4 nuisances found were remedied.

Closet Accommodation.

There are still a large number of privies and tub or pail closets in the district, and whilst there are difficulties with regard to labour and material, steady progress is being made in converting to water closets where a sewer and water supply are available. During the year under review, 52 privies and 21 pail closets have been abolished, and 91 water closets provided in lieu thereof. In addition to these, there are a number of conversions pending, the work being in the hands of contractors.

The following is a summary of the sanitary accommodation at the end of the year:—

No. of flushed water closets	 	 5185
No. of waste water closets		68
No. of privies	 	 917
No. of tub or pail closets		419
No. of standard dustbins	 	 6495
No. of ashpits	 	 492

Public Cleansing.

Refuse Collection.

A system of alternate weekly refuse and salvage collection is in operation and this service has been maintained throughout the year. A weekly collection of pail or tub contents has also been given, but the emptying of privy contents still leaves much to be desired, and emptyings have varied from monthly to nine weekly collections in some parts of the area. It is becoming increasingly difficult to find men who will carry out this class of work, and during the year it has been impossible to maintain a full staff and men are continually leaving the employ of the department for a more congenial occupation. The effect of the 44 hour week has aggravated the position, and whilst some overtime has been worked to offset this, there is a growing objection from workmen to overtime generally.

The following is a summary of the work carried out during the year:—

Average No. of dustbins emptied per week		3197
Average No. of privies cleansed per week		130
Average No. of ashpits emptied per week		77
Average No. of tub or pail closets emptied per week		410
Average No. of visits to premises for the collection	of	
Salvage per week		3200

Refuse Disposal.

The disposal of house refuse is by controlled tipping which accounts for 98% of the total dry refuse (including privy contents) disposed of, the remaining 2% mainly trade refuse of a putrescible character, being burned at the Destructor Plant.

Tub and pail contents, collected by nightsoil tank, are discharged into the detritus chambers at the Slaithwaite and Golcar Sewage Works.

The following figures give the costs of the refuse collection services for the year ending 31st March, 1949, together with the income for the same period.

*	Expenditure	Income	Nett Expenditure
	£ s. d.	£ s. d.	£ s. d.
Refuse Collection	5913 10 8	685 17 o	5227 13 8
Salvage Collection	2957 5 0	1981 15 11	975 9 I
Refuse Disposal	1382 8 5	113 11 10	1268 16 7
	10253 4 1	2781 4 9	7471 19 4

Shops Acts

A determined effort to bring shop sanitation up to a satisfactory standard has been made during the year, and for this purpose 235 visits have been made to shops, and 17 nuisances or defects had been remedied by the end of the year, and the work required at the other premises dealt with, was in hand. Generally speaking shop sanitation in the area is good, and where improvements are necessary, there is splendid co-operation with the department from the owners.

Smoke Abatement

Atmospheric pollution continues to be a serious menace to the health and well being of the inhabitants of the District. Two soot deposit gauges are now in operation, one at Marsden Park and the other at the Slaithwaite Sewage Works.

Observations taken during the year show that the average

monthly deposit of solids is 18.12 per square mile at Marsden.

It is not generally realised that up to one half of this deposit is produced by the burning of raw coal in old fashioned inefficient

grates.

With regard to industrial smoke the many and varied grades of fuel supplied to boiler plants, and the difficulties experienced in obtaining suitable boiler firemen, have created many problems for manufacturers in the area, nevertheless, of the 47 observations recorded, in no instance was the Smoke Abatement Byelaw contravened. One boiler plant which has been a source of complaint in the past was fitted with mechanical stokers early in the year, with satisfactory results.

Although there would appear to be some improvement in in-

Although there would appear to be some improvement in industrial smoke in the Valley from observations taken, there is no cause for complacency; the smoke problem is still a very real one, and one which must be attacked with vigour and determination with the ultimate aim of clean, smokeless air ever in the forefront as an ideal to be attain-

ed.

Regulated Buildings and Offensive Trades

There are two offensive trades carried on in the district, one Soap Boiler and one Gut Scraper, and 8 visits have been made to these premises, which were found to be satisfactory.

Eradication of Bed Bugs.

No houses were found to be infested with bed bugs during the year.

Schools

There are in the District 20 schools, 12 being County Schools including I Secondary Modern School, and 8 being Voluntary Schools.

Most of the school premises are of considerable age and, judged by modern standards, the sanitary accommodation and washing facilities are often inadequate. The buildings, however, are on the whole kept in a reasonable state of repair.

Sanitary Inspection of the Area.

Record of Inspections and Results.

and the same of th			Nuisances		Nuisances
Inspections made	N	Vo. of	or defects		or defects
in respect to:	Ins	pection	ns. found. In	spections	remedied.
Public Health Act:—					
Housing		151	226	445	135
Other Nuisances		140	52	217	72
Water Supply			46	72	40
Overcrowding	* * •	33	14	I	2
Sanitary Accommodation:—	-				
W.C's			28	298	31
Privies		137	45	322	35
Tubs and Pails		53	II	87	II
Ashes Accommodation		61	52	160	69
Drains:—					
Inspected	* * *	2 39	28	723	31
Tested		119	I	2	I
Accumulations:			2	2	2
Shop Premises—Shops Act	7.	157	28	78	17
Rodent Control					
(Visits by Inspectors)		22	I		I

Other Visits:

Other visits.			
Respecting Infectious Diseases		33	
Respecting Disinfections		105	
Respecting Schools, Public Buildings, etc.		10	
Respecting Sewers, Cesspools, etc	• • •	29	
Miscellaneous Visits		582	
Interviews—Owners, Contractors, etc	* * * * * * * * * * * * * * * * * * * *	567	. (
Informal Notices Served 264. Complie	ed with	1	210
Statutory Notices served 15. Complie	ed with	ì	4

Factories Act, 1937.

The following is an extract from a report to the Director of Statistics of the Ministry of Labour on Form 572:—

1. Inspections for Purposes of Provisions as to Health.

Premises.	No. on Register	Insp't'ns	Written Notices	Owners Prose'ted
(1) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by	48	11		†
Local Authorities. (2) Factories not included in (1) in which Section 7 is enforced by the	40	11		
Local Authority. (3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers)	145	78	5	_
premises).	9			
Total	202	89	5	

2. Cases in which Defects were Found

Particulars	Found	Remed'd	Referred by H.M Inspector	Prose- cutions
Want of cleanliness:	2	3		_
Sanitary conveniences (a) Insufficient (b) Unsuitable or	3	2		_
defective Other offences against	12	1.4	4	_
the act.	3	5		
Total	20	24	4	_

3 Outworkers

There are in the District 72 outworkers, employed as menders by various textile firms.

During the year efforts have been made to bring the sanitary accommodation in factories up to modern standards, and with the co-operation of the owners, this has been accomplished in a number of instances, and in other cases re-construction schemes are under consideration. At one factory a small sewage plant has been constructed and W.C's. provided in lieu of privies.

Rats and Mice Destruction Act, 1919.

The treatment of local authority and private premises is undertaken by a part-time operator, and during the year 79 complaints of rodent infestation have been received. 528 visits have been made by the operator, and 41 premises treated. The estimated number of rats destroyed is 1116.

A test bait of 10% of the sewer manholes was undertaken, and in consequence of the results, a sewer maintenance treatment was carried out,277 manholes were pre-baited, there were 62 poison bait takes, and the estimate number of rats destroyed was 555.

HOUSING

Housing continues to be the major post war difficulty. Hardly a day passes but one receives a personal caller or a letter requesting assistance in obtaining a new house or drawing attention to housing disrepairs.

Progress with the erection of new council houses has been regrettably slow and only 4 houses were built by private enterprise during the year.

The presence of other duties has prevented the general resumption of house to house inspections as required under the Housing Consolidated Regulations 1925.

It is the practice where families are re-housed from totally unfit properties to take action under Section 11 of the Housing Act in order to prevent re-letting. During the year 2 Demolition Orders were made and one Undertaking not to use for human habitation was accepted.

Particulars required by the Ministry of Health are set out below:—

Total number of inhabited houses in the Urban District 7,684

Number of new houses erected during the year:—

By private enterprise 4

By Local Authority 62

The principal work done under the Housing Act, 1936, can be summarised as follows:—

Inspections:—	Primary	Re-Visited
Part 1. Clearance Areas	~	3
,, ,, Other Visits		43
Part 2. Section 9 Reconditioning		
Sections 11 12—Demolition or Closure	TO	0

Housing Statistics

1. Inspection of Dwelling-houses during the year :-

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	146
	(b)	Number of inspections made for the purpose	591
(2)	(a)	Number of dwelling houses (included under subhead (1) above which were inspected and recorded under the Housing Consolidated Regulations, 1925	6
	(b)	Number of inspections made for the purpose	10
(3)		Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	_
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	5

75

Remedy of Defects during the year without Service of Formal 2. Notices :-Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authortiv or their officers *** *** *** *** *** 34 Action under Statutory Powers during the year :-3. (1) Housing Act, 1936 Sections 9 and 10 Nil (2) Public Health Acts:— Number of dwelling houses in respect of which notices were served requiring defects to be remedied 7 Number of dwelling houses in which defects were remedied after service of formal notices 8 Proceedings under sections II and I3 of the Housing Act, 1936:— (1) Number of dwelling houses in respect of which Demolition Orders were made 2 (2) Number of dwelling houses demolished in pursuance of Demolition Orders Nil Number of dwelling houses demolished in anticipation of formal procedure Nil (4) Number of dwelling houses closed on undertakings (not demolished) I Number of dwelling houses reconditioned on under-Nil Proceedings under section 12 of the Housing Act, 1936:— (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made Nil (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil

4. Housing Act, 1936—Part IV—Overcrowding:—

In the absence of a census it is impossible to assess the present position with regard to overcrowding with any degree of accuracy. No general action is possible, but special cases brought to notice are dealt with as opportunity arises.

During the year sixteen new cases of overcrowding were recorded, and four cases were abated.

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Practically all the milk supplied in the District is produced within the area and distributed mainly by the producers. A quantity of milk is sold wholesale for distribution in other areas, and a small quantity pasteurised outside the area is sold as pasteurised milk in the District.

ict.	Number of Dairy Farms in the District Number of Milch Cows approximate to Number of Wholesale Traders Number of Retail Purveyors of Milk (Produers and Dealers) Number of Producers of graded Milk (Tuberculin Tested) (Accredited)	cer/	Reta	il-	925 26 90 1
(a)	Milk (Special Designation) Regulations 19 The following licences were granted during Pur the Colne Valley Urban District Councillations	139— the	46. year	:	
	Dealers' licences to retail Tuberculin Tested	lla	steur	1300	I
	Milk Dealers' licences to retail Tuberculin Te	sted	Mi	lk	2
	Supplementary Licences to retail Pasteuri Supplementary Licences to retail Tubercu	SCO	IVII	IK	2
	Milk	• •			2
(b)	By the West Riding County Council: Licences to Produce Tuberculin Tested Mil Licences to Produce Accredited Milk	k 			I 12

Cowsheds and Dairies

Work of alteration and re-construction of cowsheds has again been seriously retarded by the shortage of labour and materials, but some progress has been made and a number of reconstruction schemes should reach fruition during the coming year. 108 visits have been made to cowsheds, dairies and milkshops, and advice given on clean milk production, and the alteration or reconstruction of dairy premises. The milk supply of the district, apart from pasteurised milk, is almost completely from retail/producers.

Ice Cream

There are no large manufacturers of ice cream in the district, but seven small retailers manufacture a complete Cold Mix. In addition to these, two premises retail pre-packed ice cream supplied from outside the district. Twenty-one visits were made to ice cream premises during the year and five samples taken were all reported as satisfactory. The premises are clean and all manufacturers have been given advice with regard to personal hygiene and clean food production methods.

Meat.

There is one public slaughterhouse, one licensed and ten registered slaughterhouses in the district, the use of which has been suspended since the outbreak of war, with the exception of occasional use for slaughtering under licence.

The number of men licenced to slaughter animals in accordance with the Slaughter of Animals Act, 1933, is 33.

With the co-operation of the Food Executive Officer, it has been possible this year to arrange for an increasing number of pigs slaughtered under licence, to be slaughtered at the Public Abattoir and at specially arranged private slaughterhouses. In spite of this, a large number have been slaughtered at private premises, and in the majority of these cases the places used have been totally unsuitable for the purpose, and have comprised dilapidated outbuildings, household kitchens, washhouses, open yards and fields and in some instances the pigsty itself. This has led to the contamination of the carcases with dirt and other filth owing to the lack of facilities for handling them and the abnormal amount of manhandling necessary, and from the time of slaughtering to the time when the carcases are cut up, they are very often left in places where domestic animals and vermin can gain access to them. With very few exceptions, these pigs could, without difficulty or hardship be slaughtered under satisfactory conditions at the Abattoir of private slaughterhouses, and unnecessary contamination of the meat avoided and the proper disposal of blood and offal carried out. An appeal by the Council to the Ministry of Food for permission to direct all slaughtering to be carried out at the Abattoir or at five specially arranged slaughterhouses, except in cases where there would be real hardship, was unsuccessful, and this unsatisfactory state of affairs is still continuing, and likely to increase in the coming year.

Carcases Inspected and Condemned

	Cattle ex'd'g			Sheep	
	Cows	Cows	Calves		Pigs
Number killed (if known),		1		5	398
Number inspected		1		5	398
All diseases except Tuberculosis				3	
Whole carcases condemned				Moribund	· —
Carcases of which some part					
or organ was condemned					_
Percentage of number inspected affected with disease other					
than Tuberculosis	_		_	60%	
Tuberculosis only					
Whole carcases condemned			_	-	1
Carcases of which some part					4 ==
or organ was condemned	- 1	1			17
Percentage of number inspected affected with Tuberculosis		100%			4 52%
ed affected with Tuberculosis		100%			+ 02 %

In order to carry out this work 761 visits were made to the Public Abattoir and 87 to private slaughterhouses, a total of 513 meat and food inspections being made in all.

Bread

There are in the District 20 bakehouses, none of them underground, of which 49 inspections were made during 1948.

Surrender of other Foods.

	lbs.
Buiter	46
Bread and Teacakes	53
Sugar	56
Linseed	I20
Wet Fish	21
Tinned Tomatoes	$12\frac{1}{4}$
,, Fish	$5\frac{3}{4}$
,, Jam (including Jars)	1741
,, Meats	161
,, Mil k	52\frac{1}{2}
,, Vegetables	34\frac{3}{4}
,, Soup	3
,, Fruit	563
,, Crab Paste	$\frac{1}{2}$
,, Chicken	$8\frac{3}{4}$
Total we	ight ${660\frac{3}{4}}$

Food and Drugs Act, 1938.

The West Riding County Council is the authority responsible for the Food Adulteration Section of the Act. The following particulars of samples taken during the year have been supplied by the Chief Inspector of Weights and Measures:—

Milk samples examined	6	8
Drugs examined		2
Dry goods examined	I	2
Prosecutions in respect of	milk samples: N	il
Cautions issued in respect	of dry goods: N	il

During the year a clean food campaign has been started by the department and all food preparing premises have been visited, and where they have fallen short of the requirements of the Food and Drugs Act, the owners have been requested to carry out the necessary work to bring them up to standard.

The Chief Sanitary Inspector has addressed the Local Chamber of Trade and other organisations in the district on clean food methods, and there has been a ready response from food traders to comply with the requests of the department. A large proportion of the work required has already been carried out, and in other cases the work was in hand at the end of the year.

In all premises, where the work has been completed, running hot and cold water will have been provided, and it is the intention of the department to maintain this standard throughout the whole of the district.

PREVALENCE AND CONTROL OF INFECTIOUS AND OTHER DISEASES

Apart from a considerably increased incidence of Scarlet Fever and Whooping Cough there was no unusual prevelance of infectious or other diseases in the District during the year.

Smallpox.

No cases of Smallpox were notified in the District during the year.

Diphtheria

During the year 3 cases of Diphtheria were notified, only one case being confirmed, this being a male aged 22 resident in Marsden. He was admitted to the Colne and Holme Joint Isolation Hospital where he made a satisfactory recovery.

Supplies of Anti-Toxin can be obtained by medical practitioners for the treatment of suspected cases and contacts on application to the Huddersfield Royal Infirmary and the Mill Hill Isolation Hospital, Huddersfield.

During the year 12 children of school age and 330 children under 5 years of age received a complete course of injections. In addition 136 children who had been inoculated some years ago received "booster" doses. Owing to the incomplete records available it is impossible to give an accurate estimate of the total number of children in the District who have received a complete course of injections.

Scarlet Fever

During the year 82 cases of Scarlet Fever were notified as compared with 23 in the previous year. Although the disease was mild in character in most of the cases, 79 of the patients were admitted to hospital; 56 cases were sent to the Colne and Holme Joint Isolation Hospital, 21 to Mill Hill Isolation Hospital and 2 to Penistone Joint Isolation Hospital. The distribution of the cases in the various wards is shown in the table given below—

Ward	Jan.	Feb.	Mar.	Apl.	May	Jun.	July	Aug.	Sept	Oct.	Nov	Dec.	T't'l
North-East (Golear) South-East	2		1				_	1	_	2	1	3	11
(Linthwaite) West	3		_	1		4	1		_	2	7	3	20
(Marsden) North	-	-	1		-	1		_	_	1	1	2	6
(Scammonden) Central	-	-	-	_	-	_	_	-	_		-	-	-
(Slaithwaite)	_	-	-		-	-	-	-	3	13	15	14	45
Totals:	5	-	2	1	-	5	1	1	3	18	$\begin{vmatrix} 2 \\ 4 \end{vmatrix}$	22	82

Whooping Cough

During the year 187 cases of this disease occurred as compared with 41 in the previous year. One death was registered as due to this disease, the patient being a male aged 2 years. The distribution of the cases in the various wards is shown in the following table —

Ward	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov	Dec	T'tal
North-East (Golcar)	_	2	20	25	24	3	14	2	_	_	_	_	90
South-East (Linthwaite) West	2	9	12	2	4	1	3	_	-	_		_	33
(Marsden) North	-	3	3	3	4	2	_		_	2	_	1	18
(Scanmonden) Central	-	-	-	1	_	-	_		-	_	-	_	1
(Slaithwaite)	1	9	22	4	_	_	_	1	1	2	3	2	45
Totals :	3	23	57	35	32	6	17	3	1	4	3	3	187
Totals :	3	20	,	30	02								

Measles

A total of 236 cases of Measles was notified during the year as compared with 520 in the previous year. The cases were widespread throughout the District and the incidence greatest during the months of July, August and September. The distribution of the cases is shown in the following table:—

Ward	Jan.	Feb.	Mar.	Apl.	May	Jun.	July	Aug.	Sept	Oct.	Nov	Dec.	T't'l
North-East (Golear)		_	6	1	5	5	40	17	2	_	_	2	78
South-East (Linthwaite) West	3	1	_	4	2	1	18	17	_	_	_	2	48
(Marsden) North	-	_	-	4	-	2	7	8	38	22	5	1	87
(Scammonden) Central	-	_	_	_		-	_		_	-	-	_	-
(Slaithwaite)						13	5	4				1	23
Totals :	3	1	6	9	7	21	70	46	40	22	5	6	236

Acute Primary and Acute Influenzal Pneumonia

There were 31 cases of Acute Primary Pneumonia notified during the year as compared with 10 in 1947. Of these cases 14 were resident in Golcar, 6 in Linthwaite, and 6 in Slaithwaite. One case of Acute Influenzal Pneumonia was notified, the patient being a male aged 68 resident in Golcar, who was admitted to the Huddersfield Royal Infirmary where he made a satisfactory recovery.

Deaths registered during 1948 as due to all forms of Pneumonia totalled 3 as compared with 4 in the previous year.

The distribution of the cases is given in the table shown below :-

Ward	Jan.	Feb.	Mar.	Apr.	May	Jun.	July	Aug.	Sept	Oct.	Nov	Dec.	T't'l
North_East (Golcar)	_	1	3	_	2	2	2	1	2	_	1	1	15
South-East (Linthwaite) West	_	1	1	-	-	_	1	1	_	2	-	-	6
(Marsden) North	-	-	-	-	1	-	1	-	1	-	-	1	4
(Scammonden) Central	-	-	-	-	-	-	-	-	_	1	-	-	1
(Slaithwaite)	-	2	1	-	-	2	1	-	-	-	-	-	6
				-	-				-		-	-	
Totals:	-	4	5	-	3	4	5	2	3	3	1	2	32

Enteric Fever and Dysentery

There was I case of Dysentery notified during 1948. The patient was a child aged 2 years resident in Golcar, who was admitted to Mill Hill Isolation Hospital where she made a satisfactory recovery.

Erysipelas.

There were 19 cases of Erysipelas notified during the year as compared with 10 in 1947. Of these cases, 7 were resident in Marsden, 5 in Golcar, 4 in Slaithwaite and 3 in Linthwaite. One of these cases a female aged 44 was admitted to the Westhulme I. D. Hospital, Oldham, later being transferred to the Staincliffe General Hospital, Dewsbury, where she subsequently recovered. The distribution of cases is shown in the following table:—

Ward	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Tot'l
North-East (Golcar)	1		2	_	1		_		1	_	_	_	5
South-East (Linthwaite) West	-	1	-	_	_	-	_	1	_	-	-	1	3
(Marsden) North	1	-	_		_	_	1	1	_	2	-	2	7
(Scammonden) Central			-							1		-	4
(Slaithwaite)													
Total	2	2	3	-	1	-	1	2	1	3	-	4	19

Cerebro-Spinal Fever.

There were 4 cases of Cerebro-Spinal Fever notified during the year, the diagnosis being confirmed in only one case. The patient was a child aged I year resident in Marsden, who was admitted to Mill Hill Isolation Hospital, Huddersfield, where she subsequently recovered.

Encephalitis Lethargica

During the year 2 deaths were certified as attributable to this condition. Both had been suffering from Parkinsonism for some years before death.

Puerperal Sepsis

During the year I case of this disease was notified in August, the patient being admitted to the Huddersfield Royal Infirmary where she made a satisfactory recovery.

Cancer

The number of deaths attributable to Caucer during the year totalled 61 (26 male, 35 female) as compared with 44 in 1947, an increase of 17. The Cancer death rate for the year is 2.75 per 1,000 of the estimated population compared with a rate of 2.01 for the previous year. The corresponding rates for the Administrative County and the Aggregate Urban Districts are 1.74 and 1.83 respectively.

Tuberculosis

A total of 24 new cases of Tuberculosis was added to the Notification Register during the year, as compared with 15 in the previous year.

A total of 8 deaths (6 male, 2 female) from Pulmonary Tuberculosis was recorded during 1947, and deaths from all other forms of Tuberculosis numbered 1, making a total of 9 deaths from all forms of Tuberculosis as compared with 10 in the previous year.

The following tables give details of the number of cases on the Notification Register together with particulars of new cases of Tuberculosis and deaths from Tuberculosis during the year:—

	Pulm	onary-	Non-Pulmonary		
	Male	Female	Male	Female	
(a) Number of cases on Register at commencement of year	56	43	51	60	
(b) Number of cases notified first time during the year	9	4	8	3	
(c) Number of cases restored to Register	3	_	1	_	
(d) Number of cases added to Register otherwise than by notification	1		_	1	
(e) Number of cases removed from the Register	32	30	39	48	
(f) Number of cases remaining on the Register	37	17	21	15	

	New Cases						Deaths				
Age (years)	Pulr	nonary	Non- Pulmonary		Puln	nonary	Non- Pulmonary				
•	Male	Female	Male	Female	Male	Female	Male	Female			
0— 1 1— 5 5—10 10—15 15—20 20—25 25—35 35 - 45 45—55 55—65 65 and upwards			- 2 1 1 1 1 1 1		1 - 1 1 1 2	2	1				
Totals	9	4	8	3	6	2	1				

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Cerebro-Spinal Fever	Acute Influen- zal Fneumonia	Dysentery	Diphtheria	Erysipelas	Typhoid	PuerperalSepsis	Scarlet Fever	Acute Primarry Pneumonia	Whooping Cough	Measles		Disease	
+	Н	—	ಲ	19	I	Н	80	<u> </u>	187	236	TAGGITTECT	Number of cases	Total
	_	,	,	19		1	82	31	187	236	firmed	in which Diagno-	Number Number of cases of cases
àf.	H	20	3b	1c		1c	79a			1	mandeorr	in which Admitted Diagno- to Hospital	Number of cases
		1	1			1		3d				Deaths	
		1	1					-	8	7 3	M F	Under 1	
-			1				12	-	12 11	16 11	H E	1-2	
							-		0.1		M F	2-3	
							-		14 13 30	12 12 19 17	M F	3-4	Age
				!			φ υτ) 15 17	22 23	NF	1-0	
				-	-		- 15 30	1	7 .23 23	47	M F	5-10	bution o
	1			1			υ: ~1	10 10		39 — 5	ME	10-15	distribution of confirmed cases
	- ' 			- -			-				H M	5 15-20	med ca
			-				-	2 2		1 2	H IN	0 20-35	.ses.
				2 1		- 1	-	12	1		MF	5 35-45	
				∞ t≎	1			6			H W	45-65	
1	1			1 3				ບາ ເວ			NF	0ver 65	

(a) (56 cases to Colne and Holme Joint Isolation Hospital, Meltham. (e) (21 cases to Mill Hill Isolation Hospital, Huddersfield 2 cases to Penistone Joint Isolation Hospital.

(b) 2 cases to Colne and Holme Joint Isolation Hospital, Meltham. I case to Mill Hill Isolation Hospital, Huddersfield

Huddersfield Royal Infirmary.

<u>a</u>c Deaths from all forms of Pneumonia

> Admitted to Oldham Royal Infirmary and later transferred to Staincliffe General Hospital, Dewsbury. (Meltham. (I case to Colne and Holme Joint Isolation Hospital,

3 cases to Mill Hill Isolation Hospital, Huddersfield.

Mill Hill Isolation Hospital, Huddersfield

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SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT.

SUMMARY OF **STATISTICS**

Public Health Division 20.

The County Districts forming Division No. 20 are as follows:— Colne Valley Holmfirth Denby Dale Kirkburton											
Meltha	m										
Area of the Division (in acres) Estimated population (mid-1948)	• • • • • • • • • • • • • • • • • • • •		64,265								
Live Births.	Mal	le Female	Total								
Illogitimoto	582 24	533 22	1155 46								
Total	606	555	1161								
Birth Rate per 1,000 of estim Still Births.	ated popi Mal		J / -								
Legitimate	15	14	29								
Illegitimate		7 T	2 9								
inoStimate ,		1	1								
Total	. 15	15	30								
Still Birth Rate per 1,000 of to	tal (live a	nd ctill) birth	05.70								
Deaths.	Mal	le Female	Total								
	49		969								
Crude Death Rate per 1,000 of c											
		• • • • • • • • • • • • • • • • • • • •	Nil								
Infant Mortality—Deaths of Infants un											
	Mal	e Female	Total								
Legitimate	25	II	36								
Illegitimate	3	I	4								
G											
Total	28	12	40								
		- and live his	the 24 4								

Death Rate of Infants under 1 year per 1,000 live births 34.45

VITAL STATISTICS

Births

The number of live births registered in the Divisional area during 1948 was 1,161 (606 males, 555 females) representing a rate of 15.70 per thousand of the estimated population.

Illegitimate births numbered 46 or 3.96% of the total live births.

Deaths

The deaths assigned to the Divisional area after correction for transfers were 969 (493 males, 476 females), the Death Rate from all causes being 13.11 per 1,000 of the estimated population.

The following were the principal causes of death in order of

frequency		
(i)	Diseases of the Heart and Circulatory System	752
(ii)	Cancer	173
(iii)	Intra-cranial Vascular Lesions	117
(iv)	Respiratory Diseases (excluding Fulmonary	0.0
	Tuboroulogia)	92
J	Tuberculosis) These 4 causes accounted for 75.75% of the total deaths.	

Infant Mortality

In 1948 the deaths of infants under one year of age numbered 40, including 4 illegitimate infants, giving an Infant Mortality Rate of 34.45 per 1,000 Live Births. The Death Rate amongst legitimate infants per 1,000 legitimate live births is 32.29 whilst the rate amongst illegitimate infants is 86.95.

The following table gives the causes of death of all infants at various ages under one year:—

1S 3	ages u	nder	one	yea	ır :-								, ,
1	under 1 year	provid		_	provid		G	9	13	က	≈	pared	9
	9-12 months	1			ı		_	-				1	G1
	6-9 months		<u>~</u>				ಣ	าา	I	(1	
	3-6 months			_	1		จา	1	1			1	~~
	1-3 months					_	71	_		1		1.0	-
	Total under 1 month	-			1	*	brand	?ì	**	€	÷	-	÷ ;
	2-4 weeks				1		-	1			t		-
	1 2 weeks	,	1	3			ł	_	-	1		1	e .
	Total under I week			I			and the second	broad	21	೯೧	ಣ	press	50
	5-7 days		1			1			levent		1		
	2-5 days				ļ	1	(-	+		_	1	9
	1 2 days	1			ı	1			1	71	-		ಣ
ı	Under 1 day				1	ı	ı	ì	7	-	_	-	10
	(anses of Death		2 Induenza	3 Cancer	t (onvulsions	5 Gastro-enteritis	6. Preumonia	7. Congenital Malformations	s. Premature Birth	9 Injury at Birth	10 Other Diseases peculiar to the first year of life.	11. Acidental Suffocation	TOTM
							2a	•					

CARE OF MOTHERS AND YOUNG CHILDREN

Health Visiting

At the commencement of the year only 8 Health Visitors were engaged in the Division. Several new appointments and transfers were made during the year and the position at the end of the year is shown below:—

Urban District			H	ealth	Visi	tors
Colne Valley		 				
Denby Dale	• • • • • • • • • • • • • • • • • • • •	 				J
Holmfirth and	Meltham					
Kirkburton						_
Trinkburton	• • •	 	 			2

Home visiting is the chief duty of Health Visitors and in 1948 they made a total of 14,910 visits as follows:—

District			First Visits	Other Visits	Total Visits
Colne Valley			646	3,736	4,382
Denby Dale		••••	256	2,383	2,639
Holmfirth			403	2,810	3,213
Kirkburton	••••	****	481	3,413	3,894
Meltham	Meltham		186	596	782
		1	1,972	12,938	14,910

Ante-Natal Clinics

There are 9 Ante-Natal Clinics in the Division, these being held monthly at Denby Dale, Holmfirth, Lepton, Linthwaite, Meltham and Skelmanthorpe, and fortnightly at Marsden, Golcar and Slaithwaite.

Since the introduction of the National Health Service Act there has been a considerable falling off in attendances at some clinics due to the fact that more expectant mothers are relying on their general practioners for ante-natal supervision. During the year 325 patients made attendances at the various clinics, details of which are shown in the following table:—

Clinic	No. of sessions	No. of patients	No. of attendances	Average at- tendance per session
Denby Dale	12	23	74	6.2
Holmfirth	12	28	83	7.0
Lepton	12	47	167	14.0
Linthwaite	12	19	70	5.8
Meltham	12	50	171	14.25
Skelmanthorpe	12	42	130	10.83
Marsden	24	44	221	9.2
Golcar	22	37	206	9.3
Slaithwaite	25	35	159	6.3
	143	325	1,281	8.9

In addition to the regular Ante-Natal Clinics occasional patients are seen at the Child Welfare Clinics.

CHILD WELFARE CLINICS

Weekly clinic sessions are held at Golcar, Holmfirth, Honley, Kirkburton, Lepton, Linthwaite, Marsden, Meltham, New Mill and Slaithwaite, whilst clinics are conducted fortnightly at Denby Dale and Skelmanthorpe.

During the year 2,456 children were seen and a total of 18,882 attendances were made, details of which are shown in the following table:—

	No. of	Chil	dren se	een	Attendances			Average attendance per session		
Clinic	sess- ions	Under 1	1-5	Total	Under 1	1-5	Total	Under	1-5	
Golcar	51	63	124	187	996	724	1,720	19.5	14.2	
Holmfirth	52	72	133	205	914	514	1,428	17.6	10.0	
Honley	50	53	162	215	940	813	1,753	18.8	16.3	
Kirkburton	48	48	47	95	610	225	835	12.7	4.7	
Lepton	48	157	302	459	2,154	312	2,466	44.8	6.5	
Linthwaite	52	29	118	147	610	408	1,018	11.7	7.8	
Marsden	52	77	257	334	1,543	1,326	2,869	29.7	25.5	
Meltham	47	64	152	216	1,236	930	2,166	26.3	19.8	
New Mill	52	39	90	129	742	522	1,264	14.3	10.0	
Slaithwaite	52	53	136	189	974	823	1,797	18.7	16.0	
Denby Dale	26	58	81	139	429	325	754	16.5	12.5	
Skelmanthorpe	25	41	100	141	461	351	812	18.4	14.0	
	555	754	1,702	2,456	11,609	7,273	18,882	20.91	13.1	

Apart from the one at Golcar, all Ante-Natal and Child Welfare Clinics are held in hired premises. Many of them are not very suitable for the purpose. Lofty Victorian Halls are difficult to heat and the fact that all equipment has to be brought out and arranged before each clinic and packed away again at the close adds considerably to the inconvenience of the nurse in charge. In spite of these drawbacks the Health Visitors and the Ladies' Voluntary Committees make the clinics as attractive as possible, but the only real solution is the erection of specially designed buildings.

Domiciliary Midwifery

At the beginning of the year 2 whole-time Midwives were employed by the County Council, one at Golcar and the other at Slaithwaite. The latter resigned her appointment and left the service of the County Council in February. A new Midwife took up duty in Slaithwaite in September. In addition to the whole-time County Midwives, 2 whole-time Midwives were employed on district work by the Holme Valley Memorial Hospital Committee and 16 Nurse/Midwives were employed by 14 District Nursing Associations.

On the 5th July, 1948, under the National Health Service Act, the nursing staff of all the District Nursing Associations became members of the County Council staff.

One independent Midwife signified her intention to practise in the area and attended a total of 2 cases.

Of the 1,125 births notified and attributed to the division 511 occurred at home. The following table shows the number of cases attended:—

Cases attended by		As Midwives	As Maternity Nurses
(a) Whole-time County Midwives	(2)	62	8
(b) Whole-time Dist. Midwives	(2)	99	3
(c) Nurse/Midwives	(15)	303	34
(d) Independent Midwives	(1)	_	2
		464	47

In addition, 3 births attributed to the Division occurred in private premises outside the Division.

It is the intention to eventually separate the Midwifery and Home Nursing Services, and although it will be some time before this can be accomplished all new appointments are made with this intention in view.

The position at the end of the year regarding Midwifery Services was as follows:—

Urban D	istrict		Whole-time Midwives	Nurse/Midwives
Colne Valley		 	2	1
Denby Dale		 	_	5
Holmfirth	••••	 	2	2
Kirkburton	0	 • • • •		5
Meltham		• • • •	-	2

Gas and Air Analgesia.

It is the intention to provide every practising Midwife with a Gas and Air Apparatus for use in relieving pain in childbirth. At the end of 1948, of the 19 Midwives in domiciliary practice 10 held the certificate in Gas and Air Analgesia administration and were equipped with the necessary apparatus.

Notifications.

The following notifications were received from Micising in the Division :	dwives pract-
Stillbirths	17 43
Artificial feeding Liability to be a source of infection	3
Notifications of death	5

Medical Assistance.

Medical aid forms sent in by Midwives during 1948 numbered 216 and were comprised as follows:—

216 and were comprised as follow	'S :
Pregnancy	Lying-In
Abortion 6	Cardiac Condition I
Threatened abortion 3	Chest I
Albuminuria I	Mastitis 2
Ante-Partum Haemorrhage 4	Pyrexia 5
Breech presentation I	C James Doot Dortum
High Blood Pressure I	Haemorrhage I
Kidney condition I	Pain in Left Leg I
Varicose Veins I	Pain in Left Side I
varicose venis 1	Poor Lactation I
18	
10	13
Labour	The Child
Adherent or retained Placenta	Cyanosis I
Membranes Breech Presentation 3	Dangerous reconciness
Breech Presentation 3 Collapse and Cardiac	Dyspnoea 1
Presentation 2	Inability to Urinate I
	Opthalmia Neonatorum 1
	Phimosis 2
1 D: /	Prematurity 4
Maternal Distress 20 Prolonged Labour 20	713.1
	Various Malformations 2
	3
	Vomiting Blood I
Ruptured Perineum 11: Uterine Inertia	
27	jaundice 1
73	Asphyxia I
CD : 7 1	I
16	-9

Maternity Accommodation

Maternity accommodation for the County area around Huddersfield has for a long time past been provided at the Princess Royal Maternity Home by arrangement with the Huddersfield Corporation. Towards the end of 1947 the Corporation intimated that owing to shortage of nursing staff they would be unable in the future to accept bookings for County patients. This created a very serious situation as the nearest County Hospitals at which maternity accommodation was available were the Staincliffe Hospital, Dewsbury, and the White Rose Hospital, Wakefield, and in these hospitals accommodation was strictly limited.

A system of priority booking was instituted and only patients recommended on medical grounds or with unsuitable home conditions were accepted. Plans were formulated for the establishment of a small maternity ward at Deanhouse County Hospital but fortunately before this materialised the nursing situation at the Princess Royal Maternity Home improved, and County patients were again admitted there.

With the coming into force of the National Health Service Act the differentiation between Borough and County patients ceased to exist.

Particulars of places of confinement for the births attributed to the Division are shown in the following table :—

Place of Confinement Total	Colne Valley	Denby Dale	Holm-firth	Kirk- burton	Mel- tham	Total 1,125
Domiciliary Princess Royal Maternity Home Holme Valley Memorial Hospital St. Luke's Hospital Staincliffe General Hospital Huddersfield Royal Infirmary Halifax Royal Infirmary	142 165 — 1 5 22	103 38 — 2 6	98 10 161 3 1 6	115 95 - 4 11 13	56 21 1 — 1	514 329 162 8 19 48

Home Nursing Service

Prior to the coming into operation of the National Health Service Act, Home Nursing was provided throughout the Division by 15 District Nursing Associations who employed 4 Nurses and 16 Nurse-Midwives. The establishment of Midwives, Home Nurses and Health Visitors, approved by the Minister of Health under the National Health Service Act, is as follows:—

Urban Distric	t	"	Midwives	Home Nurses	Health Visitors
Colne Valley			3	3	4 ½
Denby Dale			 2	2	2
Holmfirth			2	2	4
Kirkburton			2	:3	31/2
Meltham			1	1	1
			10	11	15

As in the case of Midwives, where resignations have occurred the opportunity has been taken to further the policy of separating Midwifery, Home Nursing and Health Visiting. The position at the end of the year was as follows:—

Urban District	Home Nurses	Nurse/Midwives
Colne Valley	2	1
Denby Dale	_	5
Holmfirth	2	2
Kirkburton	-	5
Meltham	_	2

As the Home Nursing Service was not taken over by the County Council until the 5th July, 1948, details are only available for the second half of the year. When the service was taken over by the County Council 142 patients were receiving attention, 898 new cases were accepted during the 6 months and a total of 16,200 visits were made.

Particulars of the work done in the various districts by Home Nurses and Nurse/Midwives are shown in the table given below. From the figures shown in this table it will be seen that the amount of work done by the Home Nurses varies considerably. Some re-arrangement of districts is necessary so as to more equalise the work but this is not easy to carry out at the present time, the principal difficulties being the lack of suitable housing accommodation in the right places and the shortage of motor cars.

	Home Nursing (5-7-48/31-12-48)			Midwifery (1-1-48/31-12-48)		
	Trans- fers	New Patients	Visits Paid	Confine- ments	Visits Paid	
COLNE VALLEY URBAN DISTRICT Golcar Marsden Slaithwaite and Linthwaite	10 8 14	52 47 67	1,294 579 1,694	13 47	229 1,411 —	
	32	166	3,567	60	1,640	
DENBY DALE URBAN DISTRICT Denby & Cumberworth Clayton West Emley, Skelmanthorpe, Scissett (2 Nurse/Midwives)	14 5 11 30	67 21 170 258	1,218 448 1,906 3,572	26 19 42 87	769 403 1,139 2,311	
HOLMFIRTH URBAN DISTRICT Holmfirth New Mill Honley (2 Nurse/Midwives)	18 6 14	70 50 90	1,322 1,323 1,613			
	38	210	4,258	26	764	
KIRKBURTON URBAN DISTRICT Kirkheaton and Lepton Kirkburton Shelley Shepley Flockton	4 4 5 9 10	55 51 20 33 61	957 709 467 593 1,042	18 32 14 11 30	162 764 232 271 636	
	32	220	3,768	105	2,065	
MELTHAM URBAN DISTRICT Meltham (2 Nurse/Midwives)	10	44	1,035	61	1,505	
Total for Division	142	898	16,200	439	8,285	

Types and Duration of Cases Treated

An attempt has been made to analyse the types and duration of cases treated during the year. These vary considerably in the different districts. In some, the nurse's time is largely devoted to attendance on the chronic sick, whilst in other districts many acute medical and post-operative surgical cases receive attention. Increased use is also being made of Home Nurses by General Practitioners for the administration of drugs by injection, and particularly of penicillin.

At Emley it has been customary for some time past for the nurse to hold morning and evening dressing sessions at her home. This has continued and during the 6 months 63 patients suffering mainly from minor injuries have made 307 attendances.

Of the 740 cases the nurses ceased to attend during the 6 months were discharged as recovered, 78 were transferred to hospital and 119 died.

The tables given below show the duration of treatment and the number of visits to patients in each group.

Patients under Treatment	Patients.					
ratients under Treatment	Recovered	Transferred	Died			
Less than I week	219	34	51			
1- 2 weeks	143	12	20			
2- 4 weeks	111	10	13			
4–13 weeks	66	19	22			
3- 6 months	4	3	13			
TOTAL	543	78	119			

Number of White Dail	To Patients Who					
Number of Visits Paid	Recovered	Transferred	Died			
3 or less 4- 7 8-15 16-30 31-50 51-75 76-100 Over 100	$ \begin{array}{c c} 148 \\ 176 \\ 131 \\ 70 \\ 15 \\ 1 \\ \hline 2 \end{array} $	20 19 15 15 6 2 1	24 30 20 22 11 5 4 3			
TOTAL	543	78	119			

Regarding the various types of cases attended, it will be seen from the table given below that Septic Conditions provided the largest number of new cases (106). Diseases of the Heart and Circulatory System (70) and Injuries (72) were the next most frequent cases, followed by Uterine Prolapse (67), Post-Operative Dressings (54), and Acute Abdominal Conditions (52). New cases of Cancer, all sites, numbered 36, and those of Bronchitis and Pneumonia were 20 and 19 respectively.

The number of visits paid to cases of the various diseases bears little relationship to the number of new cases.

Patients suffering from the following conditions received the largest number of visits:—

Septic Conditions	 2,010	Visits
Diseases of Heart and Circulation	 1,991	12
Cerebral Haemorrhage	 1,293	,,
Injuries	 1,199	,,
Post-Operative Dressings	 1,188	,,,
Cancer (all sites)	 1,153	,,
Senility	 871	,,

The number of acute cases dealt with varies very much in the different nurses' districts, but on the average it would appear that more time is spent on the nursing of cases of chronic illness than on acute work.

Type of	Case			New Cases	Visits Paid
Infectious				7	133
Pulmonary Tuberculosis				1	55
Non-Pulmonary Tuberculosis				1	25
Influenza		****		6	48
Pneumonia				19	255
Bronchitie				20	200
Other Respiratory Diseases				9	163
Cancer of Uterus				4	319
Cancer of Stomach and Intest	ines			7	171
Cancer of Breast				1	160
Cancer of Other Sites				24	503
Diabetes		-		7	462
Cerebral Haemorrhage				27	1,293
Diseases of Heart and Circula	tion			70	1,991
Post-Operative Dressings				54	1,188
Injuries				72	1,199
Burns and Scalds				34	397
Septic Conditions (Boils, Abso	esses,	Carbun	cles)	106	2,010
Uterine Prolapse				67	388
Other Gynaecological Cases		• • • •		29	257
Male Genito-urinary Condition	ns			1	94
Rheumatic and Arthritic Con	ditions	S		14	691
Ear and Eye Conditions				28	199
Varicose Ulcers				6	369
Impetigo				5	28
Other Skin Diseases			1	8	231
Chronic Diseases of Nervous		1		5	188
Mastitis				6	91
Acute Abdominal Conditions				52	381
Constipation				38	176
Thrombosis				8	176
Infantile Disorders				25	92
Circumcision				43	291
Senility				27	871
Other Conditions				62	770
TOTAL				893	15,865

Housing and Travelling Facilities for Home Nurses and Midwives

The pricipal difficulties experienced with regard to the administration of the Home Nursing and Domiciliary Midwifery Services have been in respect of housing and transport. No service can work satisfactorily without a contented staff and to get a contented nursing staff each nurse must have comfortable home conditions and be provided with a motor car.

Prior to the 5th July, 1948, negotiations were commenced for the taking over by the County Council by purchase or lease all houses owned or tenanted by the District Nursing Associations. Agreements have since been concluded for the purchase of 4 houses and the lease of 9 others. Unfortunately in 2 instances owners were unwilling to transfer the tenancies and in consequence one nurse left the service of the County Council. Help in solving housing difficulties has been given by Local Housing Authorities, tenancy agreements for 2 houses having been made with the Denby Dale Urban District Council and for 1 house with the Colne Valley Urban District Council. At the end of the year the County Council owned 3 houses occupied by Home Nurses or Midwives, leased 10 others, whilst 9 Nurses and Midwives were making their own arrangements regarding accommodation.

On taking over the Home Nursing Service the County Council agreed to buy from the local Nursing Associations all serviceable motor cars used by the Home Nurses and to pay travelling allowances to those nurses who were using their own cars. In all, 5 cars were purchased from Local Nursing Associations and 1 other was provided by the County Council. At the end of the year 1 Home Nurse and 5 Nurse/Midwives were using County Council cars: 2 Home Nurses, 4 Nurse/Midwives and 3 Midwives were receiving a travelling allowance for use of their own cars; and 1 Home Nurse, 6 Nurse/Midwives and 1 Midwife had to depend on public transport as a means of conveyance.

All possible steps are being taken to ensure that all Home Nurses and Midwives have the use of a motor car, but owing to the supply position it may be some time before this aim is attained.

Home Help Service

When Divisional administration commenced to operate this service was for practical purposes non-existent, only 4 part time Home Helps being on the roll, and all residing in the same area. Much difficulty was at first experienced in recruiting suitable women, probably because there is considerable part-time work available for women in the textile factories of the area and as out-workers at home. In June 1949 the wages and conditions of service of Home Helps were improved and since then an increasing number of ''helps'' has been available.

During 1948 Home Helps were provided for 5 cases.

Mental Deficiency Acts

The Divisional Medical Officer is responsible for the supervision of certified defectives in the area. This work is largely undertaken by the Mental Health Social Worker who regularly visits the patients on the register. She gives general advice on social matters associated with the care and management of defectives, and undertakes the home teaching of patients who are capable of engaging in handicrafts such as rug-making, simple needlework, etc.

At the end of the year the number of patients under supervision was as follows:—

	Male	Female	Total
Under Guardianship	2	5	7
Under Statutory Supervision	32	27	59
On Licence from Institutions	2	3	5
Under Voluntary Supervision	-	1	1
Observation	3	-1	4

Ambulance Service

The Ambulance Service for the Division has been provided by the County Council since September, 1947, first on an agency basis and since the 5th July, 1948, as a part of the National Health Service.

The service made available under the Huddersfield and District Hospitals Contributory Scheme during recent years has become very largely a service for the conveyance of out-patients to hospital for treatment. This has continued under the National Health Service as will be seen from the following figures, which relate to the Huddersfield Depot and have been kindly supplied by Mr. V. Whittaker, the County Ambulance Officer. Of 6,067 patients carried during the 6 months ending the 31st December, 1948, 5,641 were hospital out-patients, 5,365 being sitting cases. The large amount of this type of work necessitates a number of patients travelling together. Detours also have to be made in order to collect and deliver home a full load of patients. Complaints regarding delays have been received from time to time but it will be appreciated that this is inevitable unless a private service for each out-patient is provided. Such expense would be prohibitive and quite unwarranted.

In all, during the period, the ambulances from the Huddersfield County Depot made 2,822 journeys involving 52,011 miles and carried 6,067 patients, 702 of these being stretcher cases.

Particulars of the cases carried are given below :—

1 al ticulais	OT C	110 00	1303	Julia	ou ar	6 81	CIAL	/C10 11	•
Accident									45
Urgent									267
Maternity									82
Infectious			(IO
Mental									22
Out-Patien	ts						,		5641
							T	otal.	6067

In addition to the ambulances stationed at the Huddersfield Depot, an ambulance, the property of the Holmfirth Urban District Council, is operated as part of the County Service. This ambulance is available for accident work in the Holmfirth area, the staff coming on duty when called. During the 6 months ended 31st December, 1948, the Holmfirth ambulance carried 28 cases and travelled 169 miles.

Vaccination and Immunisation

Arrangements for protective treatment against Diphtheria have been continued as in previous years, 1,043 children being immunised during the year. In addition 476 children received refresher injections.

Details are given in the following table:—

Urban District	Number of Ch	"Booster" Doses		
	Under 5 years	5-14 years	Total	
Colne Valley	330	12	342	136
Denby Dale	85	7	92	
Holmfirth	282	83	365	297
Kirkburton	127	11	138	8
Meltham	90	16	106	35
TOTALS	914	129	1,043	476

Records of the immunisation state of children in the Divisional area are incomplete and the number of children immunised at the 31st December, 1948, is no doubt considerably higher than shown below:—

Age at 31-12-48 i.e., Born in Year	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-43	10 to 14 1934–38	Total Under 15
Number immunised	12	679	670	496	319	1,249	2,125	5,544
Estimated mid- year child popula- tion 1948, as sup- plied by Regis- trar-General			6,693	der 5		192 (13,885	
Percentage of child population immunised		38	3.22		4	1.19	39.93	

During the year there were no confirmed cases of Diphtheria in children under 15 years of age.

Until the 5th July, 1948, vaccinations were performed by Public Vaccinators and since then by any medical practitoner. Under the scheme approved by the Minister of Health vaccination is performed either by a Medical Officer of the Local Health Authority or by a general medical practitioner. Medical practitioners submit record cards to the Divisional Medical Officer in respect of vaccinations performed. No figures are available for the period prior to the 5th July, 1948.

Particulars of record cards received for the period 5th July, 1948, to 31st December, 1948, are given in the following table:—

			No. of persons vaccinated (or re-vaccinated) from 5-7-48/31-12-48								
Urban		Und	er l	1-4 3	ears	5-14	years	15 or	over	Total	
District		Vacc.	Re- Vacc.	Vacc.	Re- Vacc.	Vacc.	Re- Vacc.	Vacc.	Re- Vacc.	Vacc.	Re- Vacc.
Colne Valley		4	_				_	_	5	4	5
Denby Dale		1	-	1	-			-	2	2	2
Holmfirth		13	-	2	-	2		1		18	_
Kirkburton		19	-	2	-			_	2	21	2
Meltham	••••	5	_					_	2	5	2
TOTALS		42		5	_	2	-	1	11	50	11

School Health Service.

The day to day administration of the School Health Service was taken over on a Divisional basis on the 1st June, 1948. Owing to war conditions and shortage of staff in general, routine medical inspections in the Division have been much neglected during recent years. Thus, on taking over the service it was found that in approximately only a quarter of the schools had an inspection been carried out in the previous 12 months, and that in at least another quarter an inspection had not taken place for over 3 years.

The difficulties of the Division increased by the transfer to another Division at the beginning of June of Dr. A. Marshall, who had undertaken School Health and Maternity and Child Welfare work in the area for several years. Advertisements were issued in the medical press during May for the appointment of a Deputy Divisional Medical Officer but no suitable applications were received. One of the applicants, however, Dr. S. M. B. Perry, accepted an appointment as an Assistant County Medical Officer and commenced duty on the 1st July, 1948. A second Assistant County Medical Officer Dr. J. P. J. Burns, was later appointed and commenced duty on the 18th July, 1948. Unfortunately both these officers found the housing and accommodation problem in Huddersfield so difficult that they resigned their appointments and left the County Council's service only 3 months after taking up their duties in the Division.

As the summer vacation commenced shortly after the Assistant County Medical Officers took up their appointment it was not possible to commence routine inspections until the end of August, but between then and the middle of October when the 2 Assistant County Medical Officers ceased to be employed routine medical inspections were carried out at about half the schools in the Division.

In November Dr. W. G. Smeaton was appointed Deputy Divisional Medical Officer, but he was unable to commence his duties until March, 1949. A small number of routine medical inspections was conducted by Dr. J. R. Cockroft of Halifax who was engaged on a sessional basis.

All the figures given relate to the whole year's work and include that done by Dr. Marshall before the administration was taken over on a Divisional basis.

Routine Medical Inspections

During 1948 routine medical inspections were carried out at the following 53 schools:—

Colne Valley Urban District

Slaithwaite C. of E.
Knowl Bank County
Scapegoat Hill County
Clough Head County
Golcar C. of E.
Marsden C. of E.
Linthwaite C. of E.
Scammonden C. of E.

Wilberlee County
Marsden County Infants'
Lingards C. of E.
Wellhouse County
Linthwaite County
Knowl Bank County Infants'
Nields County

Denby Dale Urban District

Denby C. of E. Scissett C. of E. Emley County Birdsedge County Denby Dale County
Skelmanthorpe Secondary
Modern
Skelmanthorpe County

Holmfirth Urban District

Holme Valley Grammar New Mill County Infants Hepworth County Holme County Holmebridge C. of E. Wooldale County Hade Edge County

New Mill C. of E.
Brockholes C. of E.
Scholes County
Upperthong County
Honley C. of E. Infants
Hinchliffe Mill County
Netherthong County

Kirkburton Urban District

Kirkburton C. of E.
Shepley County
Upper Whitley County
Thurstonland Endowed
Flockton C. of E.
Kirkburton Seecondary Modern
Lepton C. of E.

Shelley C. of E.
Shelley County
Lepton County
Highburton C. of E.
Lepton County Infants
Kirkheaton C. of E. Infants
Farnley Tyas C. of E.

Meltham Urban District

Meltham Mills C. of E. Meltham C. of E. Wilshaw C. of E.

At these Schools a total of 3,620 children were given a routine examination, 50 were examined as "Specials" and 161 as "FollowUps". The low number of children seen as Specials is mainly due to the fact that owing to the length of time which had elapsed since the last routine inspection at some Schools, a very large number of the pupils who would normally have been seen as Specials were due for routine examination. The age distribution of the children examined is shown in the following table:—

Entrants Second Age Group		Special Examinations Re-Examinations	50 161
Third Age Group			
initial rigor or out			211
	3620		

Total number of examinations: 3,831.

Defects Found.

Of the 3,831 children examined, 827 were found to require treatment for some defect, whilst it was felt desirable that a further 856 should be kept under observation. A full list of the defects found is shown in the following tables:

Age Group	Defective Vision (excluding Squint).	All other conditions	Total Individual Pupils
Entrants	94	407	494
Second Age Group	104	160	257
Third Age Group	13	25	37
Special & Re-examinations	16	23	39
TOTAL	227	615	827

		Number o	of Defects.			
Defect or Disease.	Periodic Ir	nspections	Special Ir	Special Inspections.		
	Requiring Treatment	Requiring Observa- tion	Requiring Treatment	Requiring Observa- tion		
Skin	11.	11	2			
Eyes: (a) Vision (b) Squint (c) Other	211 73 16	49 52 23	16 	=		
Ears: (a) Hearing (b) Otitis Media (c) Other	15	8 7 7	1 2 2			
Nose or Throat	176	240	3	_		
Speech	12	21	3			
Cervical Glands	2	52	1			
Heart and Circulation	20	28	1	1		
Lungs	34	39				
Developmental (a) Hernia (b) Other		3 2		_		
Orthopaedic (a) Posture (b) Flat Foot (c) Other	7 127 14	17 178 33	1 1 —			
Nervous System (a) Epilepsy (b) Other	1	10	1			
Psychological (a) Development (b) Stability	27	2	4	_		
Other	36	72	1			
TOTAL	. 862	856	39	1		

General Condition.

All children given a routine examination were classified as to general condition. In 26.5% of children this was considered to be good; in 58.1% to be fair; and in 15.4% to be poor. The high percentage of children in the last category is probably due to the unusually high standard of assessment used by the Assistant Medical Officers who conducted the examinations.

Details are given in the following table:

	Total	G	ood	Fa	air	Po	oor
Age Group	Number Inspected	No.	% of Total	No.	% of Total	No.	% of Total
Entrants	2339	597	25.5	1448	61.9	294	12.6
Second Age Group	1167	318	27.2	603	51.7	246	21.1
Third Age Group	114	46	40.4	52	45.6	16	14.0
TOTAL	3620	961	26.5	2103	58.1	556	15.4

Arrangements for Treatment.

Special Clinics have been arranged for children suffering from Ear, Nose and Throat defects, and defective vision, the former being held at the Huddersfield Royal Infirmary and the latter at hired premises in various parts of the Division. The parents of children suffering from major defects were advised to seek the advice of their family practitioners, whilst many children with minor defects were treated by the School Nurses at the Schools and School Clinics.

Owing to the difficulty in distinguishing between cases treated under the Authority's Schemes and those treated otherwise, the following tables include all cases known to the Authority to have received treatment, whether at the Clinics or elsewhere.

Group 1-Minor Ailments.

(a)

Ailments.	Number treated o under treatment during Year.	r
Skin: (a) Ringworm—body (b) Scabies (c) Impetigo (d) Other	3 6 20 43	
Eye Disease (external and other, but of refraction, squint, and Hospital)		-
Ear Defects	41	
Miscellaneous (e.g. minor injuries, brui	, sores, etc.) 451	
TOTAL	597	

(b) Total number of attendances at Authority's Minor Ailments Clinics: 902.

Group II—Defective Vision and Squint.

No. of Defects dealt with.

Errors of Refraction 468

Number of Pupils for whom Spectacles were prescribed 257

Group III—Treatment of Defects of Nose and Throat.

	Received Operative Treatment for:	Number reated.
(a)	Adenoids and chronic Tonsillitis	 172
(b)	Other nose and throat conditions	 3
	Received other form of treatment	 9
	Total	 184

Inspections for Cleanliness.

All Schools are visited by the Health Visitors at least once a quarter for the purpose of inspecting all pupils regarding bodily cleanliness. During these visits a total of 26,687 individual examinations were made, and 911 children were found to be infested with vermin. In most instances the infestation was slight, and advice was given to parents, but in 6 cases exclusion from School was considered necessary.

Other Examinations.

In addition to the routine and Special examinations carried out at School, a large number of children were examined for various special reasons including suitability to attend School camps, participation in entertainments and regarding the need for special educational treatment. In this last connection, a Register of Handicapped Pupils is maintained At' the present time this is known to be very incomplete.

At the end of the year 89 pupils were included, made up as follows:—

Category		No.
Deaf and Partially Deaf		6
Delicate		12
Educationally Sub-Normal		33
Epileptic		2
Physical		25
Speech		IO
Maladjusted		I
m .	-	
Total .		89
	-	

Pupils known to be in attendance at Special Schools at the end of the year are shown below:—

Special	
Category School	Location of Special School
Deaf and Partially Deaf 3	2 at Doncaster and 1 at Manchester
Delicate 1	North Devon
Physical 1	Thorpe Arch

Provision of special educational treatment for educationally subnormal pupils is one of the most pressing needs of the Division.

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	Comparan	Comparative Statistics			
	Division 20	Aggregate of Urban Districts in West Riding	Aggregate of Rural Districts in West Riding	West Riching Administrative County	England & Wales
RATES PER 1,000 OF ESTIMATED POPULATION					
Births	15.7	18.3	19.2	18.5	17.9
Deaths (all causes)	133	%: 	s:6	11.3	10.8
Cancer	700 01 01	1.83	Solution of the second	1.74	1.86
Heart and Circulation	7	3.98	3.03	3.73	ř
Zymotic Diseases (7 principal)	0.04	0.12	5.1.0	5.15	4
Respiratory Diseases (excluding Tuberculesis of Respiratory System)	1.2.1	1.34	1.13	\$?! ?!	*
Tuberculosis of Respiratory System	0.23	0.37	0.36	0.37	#F.()
All forms of Tuberculosis	0.31	++.()	0.43	FF:()	0.51
Puerperal Sepsis or other Maternal Causes			1.25	1.15	1.02
Infant Mortality	34.45	38	O _T	33	34
Diarrhoea (Infants under 2 years of age per 1,000 live births)	0.86	4.17	4.97	4.38	99 99

* Figures not available



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